



BUS PASS SUBSIDY PROGRAM APPLICATION

DEPARTMENT OF TRANSPORTATION SERVICES
CITY AND COUNTY OF HONOLULU
650 S. KING STREET, HONOLULU, HI 96813
PHONE: 768-8366



DTS File No.

Effective Date:

PLEASE PRINT CLEARLY One application can cover the family, but supporting documents must be attached for each person.

SECTION A - APPLICANT INFORMATION

Your First Name and Initial		Last Name	
Home Address (number and street, apt. no.)		Mailing Address (if different from home address)	Employer Name:
City, State, and Zip Code		City, State, and Zip Code	Employer Phone Number:
Phone Numbers	Home:	Work:	Cell:

SECTION B - FAMILY SIZE (Attach supporting documents – see Section F)

	Name and Initial	Last Name	Social Security No.	Birth Date (M_D_Y)	Dependent Relationship
1. Yourself					
2. Spouse					
Dependents -					
3					
4					
5					
6					
7					
8					

SECTION C - COMBINED TOTAL ANNUAL INCOME FOR ALL PERSONS NAMED

Includes wages, interest, dividends, pensions, annuities, Social Security, welfare, cash assistance, alimony, child support, disability, food stamps, Medicaid, Medicare, or unemployment. (Attach supporting documents, see Section F.)

\$ _____

SECTION D - ELIGIBILITY

Circle your family size on the first line of the Table below. Is your family's combined total annual income less than the maximum income shown for your family size? Circle "YES" or "NO" on the last row of the Table.

Your Family Size	1	2	3	4	5	6	7	8
Your Combined Total Income less than	\$15,000	17,100	19,250	21,400	23,100	24,800	26,550	28,250
Eligible (Circle Answer)	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO	YES NO

IF YOU CIRCLED - **YES**. CONTINUE WITH THE APPLICATION. **NO**. YOU ARE INELIGIBLE.

SECTION E – SUBSIDY SELECTION AND NUMBER

☐ I am applying for #_____ discounted monthly **ADULT** Bus Pass. List Names: _____,
_____, _____,

☐ I am applying for #_____ discounted monthly **YOUTH** Bus Pass. List Names: _____,
_____, _____

SECTION F - CHECKLIST OF SUPPORTING DOCUMENTS. These must be submitted with the Application.

- ☐ To Verify FAMILY SIZE, attach the latest copy of your family's Income Tax Returns or Public Assistance Records.
- ☐ To Verify FAMILY GROSS INCOME, attach the latest copy of your family's Income Tax Return, Social Security Documents, Public Assistance Records, or W-2 Tax Forms.
- ☐ To Verify YOUTH CLASS, attach a copy of the youth dependent's Birth Certificate, State ID, or Driver's License.

SECTION G - CERTIFICATION

I certify that the information provided is true to the best of my knowledge. I am also aware that the information that I have provided is subject to review and verification, and I must provide the documentation to support this application. This information will be used only for eligibility purposes and will be treated confidentially.

SIGNATURE OF APPLICANT/GUARDIAN

DATE

MAIL THE APPLICATION AND SUPPORTING DOCUMENTS TO:

BUS PASS SUBSIDY PROGRAM
Department of Transportation Services
City and County of Honolulu
650 South King Street, 3rd Floor
Honolulu, HI 96813

WHAT HAPPENS AFTER I APPLY?

Subject to the number of applications, you should hear from us in about 30 days. If you are certified as eligible, we will mail to you a letter and certificates good for the period indicated on the certificates, entitling you and every qualified applicant to purchase a discounted monthly bus pass. Present the certificate each month at any bus pass outlet when you purchase your discounted monthly bus pass. The certificates may not be redeemed for cash, are non-transferable, and are valid only for the month and year indicated.

RENEWAL

You may renew by applying for re-certification by completing another application no earlier than sixty (60) calendar days prior to the expiration date on your letter.

HELP OR ASSISTANCE

PLEASE CALL 768-8366.

Mahalo! Department of Transportation Services